

# PLACER COUNTY DEPARTMENTAL APPROVAL SHEET COMMERCIAL

PERMIT NO. \_\_\_\_\_

ASSESSOR'S PARCEL NO: _____		
PROJECT LOCATION: _____		
TENANT: _____	PHONE NO _____	
MAILING ADDRESS: _____ <small>(Complete address/Street number, street name, city, zip)</small>		
PROPERTY OWNER: _____	PHONE NO _____	
MAILING ADDRESS: _____ <small>(Complete address/Street number, street name, city, zip)</small>		
CONTRACTOR: _____	PHONE NO _____	
MAILING ADDRESS: _____ <small>(Complete address/Street number, street name, city, zip)</small>		
ARCHITECT/ENGINEER: _____	LIC NO _____	
MAILING ADDRESS: _____		
WORKER'S COMPENSATION APPLICABLE? YES ( ) NO ( ) _____ <div style="text-align: right;"><small>CARRIER/POLICY NUMBER</small></div>		
CONTACT PERSON: _____ (FOR PLAN CHECK CORRECTIONS)	FAX NO _____	PHONE NO _____
MAILING ADDRESS: _____		
DESCRIBE WORK TO BE DONE: _____		
PROPOSED USE (i.e. RETAIL, OFFICE, RESTAURANT, ETC.): _____		
<i>I UNDERSTAND THAT I NEED TO OBTAIN ALL OF THE AGENCY APPROVALS NOTED BELOW PRIOR TO ISSUANCE OF A BUILDING PERMIT.</i>		
SIGN _____	PRINT NAME _____	DATE _____

## APPROVAL FOR BUILDING PERMIT ISSUANCE

(NOTE: IF YOU INDICATE NO REQUIREMENTS WE WILL FINAL THE PERMIT WITHOUT CONTACTING YOU AGAIN)

<input type="checkbox"/> PLANNING DEPT _____			
<small>SIGN</small>	<small>ZONING</small>	<small>DATE</small>	
No additional requirements _____	Need Inspection prior to final _____	COMMENTS _____	
<b>REDEVELOPMENT AREA YES ( ) NO ( )</b>			
<input type="checkbox"/> PUBLIC WORKS			
<input type="checkbox"/> SPECIAL DIST _____			
<small>SIGN</small>	<small>PRINT NAME</small>	<small>DATE</small>	
No additional requirements _____	Need Inspection prior to final _____	COMMENTS _____	
<input type="checkbox"/> ROADS/GRADING _____			
<small>SIGN</small>	<small>PRINT NAME</small>	<small>DATE</small>	
No additional requirements _____	Need Inspection prior to final _____	COMMENTS _____	
<input type="checkbox"/> ENV HEALTH _____			
<small>SIGN</small>	<small>PRINT NAME</small>	<small>DATE</small>	
No additional requirements _____	Need Inspection prior to final _____	COMMENTS _____	
<input type="checkbox"/> AIR POLLUTION _____			
<small>SIGN</small>	<small>PRINT NAME</small>	<small>DATE</small>	
No additional requirements _____	Need Inspection prior to final _____	COMMENTS _____	
<input type="checkbox"/> FIRE DISTRICT _____			
<small>SIGN</small>	<small>PRINT NAME</small>	<small>DATE</small>	
No additional requirements _____	Need Inspection prior to final _____	COMMENTS _____	
<input type="checkbox"/> FACILITY SERVICES _____			
<small>SIGN</small>	<small>PRINT NAME</small>	<small>DATE</small>	
No additional requirements _____	Need Inspection prior to final _____	COMMENTS _____	